

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	HL		7-13-01
<b>O.I.P.E. CLASSIFIER</b>		21	7/20/01
<b>FORMALITY REVIEW</b>	Oy	102	08-22-01
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
1	
2	0
3	✓
4	✓
5	0
6	0
7	✓
8	0
9	✓
10	✓
11	0
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13	✓
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15	✓
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17	✓
18	✓
19	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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